



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) M4065.0278/P278																					
In re Application of Kevin L. Beaman, et al.																							
Application Number 09/653,281-Conf. #4745		Filed August 31, 2000																					
For: USE OF ATOMIC OXIDATION FOR FABRICATING OF OXIDE-NITRIDE-OXIDE STACK FOR FLASH MEMORY DEVICES																							
Art Unit 2812		Examiner R. Booth																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td><td>110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 28,37</p> <p>April 19, 2004 Date</p> <p>(202) 828-2232 Telephone Number</p> <p> Signature</p> <p>Thomas J. D'Amico Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p>				<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$		<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																																																																																									
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<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">METHOD OF PAYMENT (check all that apply)<div style="margin-top: 5px;"><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Deposit Account:<div style="border: 1px solid black; padding: 2px; margin-top: 5px;">04-1073</div><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Dickstein Shapiro Morin & Oshinsky LLP</div></div><div style="margin-top: 5px;">The Director is authorized to: (check all that apply)<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div style="margin-top: 5px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div></div><div style="width: 50%;">3. 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